prenatal care either for fear of discovery or because of the all-consuming nature of their drug habits. Nearly all of the patients with drug problems whom we see speak English and have transportation. Most have either Medi-Cal or private insurance or are eligible for Medi-Cal but have not applied for benefits.

The authors concluded that "the results of this study show that the primary barrier to care . . . is finding a physician. . . ." We do not think this conclusion is justified. We do agree that "this population needs special support services to ensure adequate care," but it is crucial to recognize that "No-Doc" patients are not a homogenous group. Taxi vouchers, translators, and information would help recent immigrants; patients with a drug problem have very different needs, and English-speaking patients with Medi-Cal who choose not to see a physician present yet another challenge to the health care system.

Lack of prenatal care is a serious problem, but surveys such as the one published may obscure rather than clarify the situation. We invite the authors to come on down in the "trenches" with us and spend some time talking with these women and their families, instead of applying survey tools to them. And talk with obstetricians who provide prenatal care for Medi-Cal patients—we think they would be pleasantly surprised!

VAL CATANZARITE, MD, PhD
LINDA WHITE, MSW, LCSW
Perinatal Associates of California
8010 Frost St, Ste M
San Diego, CA 92123-2788

REFERENCE

1. Aved BM, Irwin MM, Cummings LS, Findeisen N: Barriers to prenatal care for low-income women. West J Med 1993; 158:493-498

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Dr Aved, Ms Irwin, Ms Cummings, and Ms Findeisen Respond

TO THE EDITOR: Catanzarite and White have described a county health system that, compared with many counties in California, is "user-friendly" to obstetric patients. We here in Sacramento are envious of the successful referral system that has been developed in San Diego County with the assistance of the American College of Obstetricians and Gynecologists, District IX. This has been possible, in large part, through generous grants from private foundations and other partners. We are also envious of the favorable political climate in their medical community that has encouraged such a large proportion of physicians to accept referrals of Medi-Cal patients—aided by the support services of their county-wide referral project.

Our article should have pointed out that two of the seven obstetrician-gynecologists interviewed currently accept patients with Medi-Cal; the other four practicing physicians had at one time taken Medi-Cal patients but no longer do so for the reasons cited. The will to adopt a county-wide strategy to address these reasons has not been as strong in our county as in the one described by Catanzarite and White. As they know, however, this situation is expected to change with California's plan to move Medi-Cal women into managed care systems.

On our method of interviewing patients, it seems that Catanzarite and White have missed the point that outreach workers and nurse practitioners (matched ethnically and linguistically where possible) from "the trenches" spent up to an hour talking with the women, asking them both open- and closed-ended questions. That this prompted women to volunteer information well beyond what might be expected—disclosure of drug use, fear of deportation—seems to provide some validation for the responses. Though we did not state this, the interviewers were clear in describing the purpose of the study to the women as trying to learn what keeps pregnant women from being able to get health care. Had we not done so, we agree that there could have been a distortion of survey results by the "interviewer factor."

While San Diego women may not experience the barriers to prenatal care—and thus deliver through emergency department admissions—to the same degree that women do in Sacramento County, the three "patterns" described by Catanzarite and White confirm the universality of these problems. What appear to be different are the programs that are in place in individual communities to overcome these barriers. Based on our survey of women in Sacramento who delivered through emergency departments with no physician of record, the inability to find physicians willing to accept Medi-Cal patients ranked as the top barrier. From the response to our article from the field, we are aware that we have hit a responsive chord about this important problem.

BARBARA M. AVED, PhD
MARY M. IRWIN
LESLEY S. CUMMINGS, MPA
NANCY FINDEISEN
6895 Waterview Way
Sacramento, CA 95831

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